


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being electronically filed with the United States Patent and Trademark Office on May 28, 2009 at or before 11:59 p.m. Pacific Time under the Rules of 37 CFR § 1.8.


C. Healion

Applicant : Jean-Louis Stehle Confirmation No. 8444
Application No. : 10/587,194
Filed : July 24, 2006
Title : PROTECTED PATTERN MASK FOR REFLECTION LITHOGRAPHY
IN THE EXTREME UV OR SOFT X-RAY RANGE

Grp./Div. : 1795
Examiner : Jonathan G. Jelsma

Docket No. : 58059/N75

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
May 28, 2009

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	19+1 (20)	*20	0	x \$26.00	x \$52.00	0
Independent Claims	1	** 3	0	x \$110.00	x \$220.00	0
Multiple Dependent Claims ***				\$195.00	\$390.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME						

_____ Attached is our check for \$ to pay the fees calculated above.


Amendment Transmittal Letter
Application No. 10/587,194

X _____ A Petition for Extension of Time and the required fee are enclosed.
_____ Other enclosures:

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account.

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By  _____

Peter C. Hsueh
Reg. No. 45,574
626/795-9900

PCH/cah

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